

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

091554921
Schall

FILED DATE

28 AUG 2000

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.		22		0		
TOTAL CLAIMS	23		1			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						